CMIS Space Grant Applicant/Awardee Form

February 1, 2005 – January 31, 2006

University : _____

Be sure each PROJECT NAME listed here also has a *Fellowships/Scholarships Program Form* filled out

PROJECT NAME: _____

Last Name | **First Name** | **Student ID #** | **e-mail**

Year: (circle) Freshman Sophomore Junior Senior Masters Level PhD Level

GPA

Race: (Circle) African American Caucasian Hispanic Native American Pacific Islander Asian Other

Gender (circle) Male Female

U.S. Citizen Yes ☐ No ☐

Do you have a Disability? Yes ☐ No ☐

Total Scholarship awarded: (indicate $0 if no award)	**$**	**Start Date:**		**End Date:**	

Major(s)/ field of study | **Minor(s) / secondary discipline**

( ) **Phone Number** | ( ) **Alternate Number** | **email address**

LOCAL ADDRESS

Street _____

City _____

State _____ Zip Code _____

PERMANENT ADDRESS

Street _____

City _____

State _____ Zip Code _____

What is your education goal: (Circle one)

Bachelors, 2nd Bachelors , Masters, 2nd Masters, Ph.D. , Post Doctoral

Highest attained degree:(Circle) High School Associate BA/BS Master's (or equivalent) Doctorate

After completing your studies which area do you plan to work in: (circle one)

Higher Education, Faculty, Administrative, Private Industry, Teaching (K-12), NASA, Non-NASA Federal Agency, State/Local Government, Nonprofit Organization, Military, Consulting, Undecided, Other (Specify):